

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/521428

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		1					54						
5	1						55						
6		1					56						
7		1					57						
8		7					58						
9		7					59						
10		7					60						
11	1						61						
12		1					62						
13		7					63						
14	1						64						
15	1						65						
16		2					66						
17	1						67						
18	1						68						
19		1					69						
20	1						70						
21		2					71						
22	1						72						
23		1					73						
24		2					74						
25		8					75						
26	1						76						
27		1					77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	42	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	54						TOTAL CLAIMS						